

COLLEGE OF EDUCATION
Clinical Intern Professional
Initial Visit Checklist

Date _____
Student _____
Cooperating Teacher _____
Email _____

Date of Visit _____
Clinical Supervisor _____
Subject _____
Duration of visit _____

- ___ 1. Clinical supervisor has made contact with building administrator.
- ___ 2. Clinical supervisor, cooperating teacher and intern together have reviewed all guidelines for Internship.
- ___ 3. Supervisor, cooperating teacher and intern have exchanged telephone numbers, email addresses, etc.
- ___ 4. Clinical intern has been introduced to faculty and school personnel.
- ___ 5. Clinical intern has been provided a classroom work place.
- ___ 6. Clinical intern has been informed and provided with emergency procedures.
- ___ 7. The KU College of Education conceptual framework has been reviewed. This is the basis for Clinical Practice assessment(s).
- ___ 8. Cooperating teacher has established a regular weekly conference time for planning, evaluating and feedback.
- ___ 9. Pace of progressive teaching integration has been developed and edTPA discussed. Full-time instruction should begin during week 5.
- ___ 10. The edTPA requirements have been reviewed.
- ___ 11. Lesson plan format has been discussed.
- ___ 12. A schedule of assessments has been discussed. Mid-term and final evaluations are required for eight (8) week placements; final meeting forms handed in.
- ___ 13. On-line assessments have been discussed.
- ___ 14. Common Core State Standards, NJCCC Standards, NJ Professional Standards, and College and Career Readiness Standard reviewed.
- ___ 15. Computer/technology class requirements reviewed.
- ___ 16. Importance of collaborating and shared communication between the clinical intern and the cooperating teacher.
- ___ 17. Review of mid-semester and final assessments including the possible use of Special Case Report.
- ___ 18. Importance of excellent written and verbal communication skills in delivering instruction and interacting with cooperating teacher and clinical supervisor.
- ___ 19. Request for Honorarium and Professional Development Hours completed.
- ___ 20. Review of daily sign-in procedure/reporting professional absence/lateness.
- ___ 21. Review intern school policies:
 - Testing Dates
 - Bullying (HIB), Violence and
 - Suicide Training
 - Student Disciplines
 - Student Attendance
 - Substance and Child Abuse
 - Curriculum Standards

This checklist is the basis of the first Narrative Observation Report. A copy of this checklist must accompany the Narrative Observation Form and be signed by the clinical intern and cooperating teacher, in addition to the Clinical Supervisor.

Clinical Supervisor Signature/Date

Clinical Intern Signature/Date

Cooperating Teacher Signature/Date